

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H		10-02-01
O.I.P.E. CLASSIFIER			10/10
FORMALITY REVIEW	C.G.	811	10-25-01
RESPONSE FORMALITY REVIEW	Teguest	995	12-12-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/28/01
2	✓	✓	1/28/01
3	✓	✓	1/28/01
4	✓	✓	1/28/01
5	✓	✓	1/28/01
6	✓	✓	1/28/01
7	✓	✓	1/28/01
8	✓	✓	1/28/01
9	✓	✓	1/28/01
10	✓	✓	1/28/01
11	✓	✓	1/28/01
12	✓	✓	1/28/01
13	✓	N	1/28/01
14	✓		
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36	✓		
37	✓		
38	✓		
39	✓	A	1/28/01
40	✓	A	1/28/01
41	✓	A	1/28/01
42	✓	A	1/28/01
43	✓		
44	✓		
45	✓		
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50	✓		

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILAB

 949  
 10/25/01  
 261  
 12-13-01